

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033181

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 2461

FILED SEP 4 1962

1. PLACE OF DEATH
a. COUNTY

ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST. LOUISb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CLAYTONLength of stay in 1b
4 yrsc. CITY
OR TOWN KINHOCHInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSP.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5673 MABLEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GeorgeJohnson4. DATE
OF DEATH

Month

Day

Year

8-23-19625. SEX
MALE6. COLOR OR RACE
NEGRO7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4 APR 18909. AGE (last birthday)
72IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABOR10b. KIND OF BUSINESS OR INDUSTRY
HAZEL HERSEY, MISS11. BIRTHPLACE (City and state or country)
U.S.A.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

UNK.

13b. MOTHER'S MAIDEN NAME

UNK.

14. NAME OF HUSBAND OR WIFE

Ruby Johnson15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.
717. INFORMANT
Address
Ruby Johnson18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Artery ThrombosisINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-19-1962 to 8-23-1962 and last saw him alive on 8-23-1962
Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. M. M. M.D.

22b. ADDRESS

601 So. Brentwood, Clayton

22c. DATE SIGNED

8-23-6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

BURIAL AUG 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK Cem

23d. LOCATION (City, town, or county)

Beekeley, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Boyd Bros. 8257 Booker St. Louis 40

25. DATE RECD. BY LOCAL REG.

8-24-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 1205 WATSON

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.